SŲBMIT: <u>COMPLETED</u> APPLICATION, TAX ST<sub>A</sub>TEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

BAYFIELD COUNTY, WISCONSIN

BA APPLICATION FOR F

Refund: Permit #: Amount Paid: \$ 250 G 2 

Approximate and the second sec					Musicipal ove				☐ Commercial Use				Residential Use		ij	Proposed Use	Existing Structure: (If per Proposed Construction:					<b>*</b>	·	Higherial	Value at Time of Completion * include donated time &	□ Non-Shoreland	Xshoreland →		Section 23	1/4,	PROJECT LOCATION	Authorized Agent: (Pe	Contractor:	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED-	ISTRUCTIONS: No perm necks are made payable O NOT START CONSTRU
FAILURE TO	☐ Conditional Us		1	Accessory			☐ Mobile Ho		Use	and being a	The state of the s		Use	_	☐ Principal S	ë	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:		M CHAOLAIA	Property		Conversion	☐ Addition/Alteration	New Construction	<b>Project</b> (What are you applying for)		X Is Property/Land within 1	☐ Is Property/Land within 300 feet of R	, Township	1/4 Gov't Lot	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		TRON LAKE LAND	TREBUNE	EQUESTED→► □ LAND USE	NSTRUCTIONS: No permits will be issued until all tees are paid.  Thecks are made payable to: Bayfield County Zoning Department.  NO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	Other: (explain)	Special Use: (explain) AW 4FW/127	7	Accessory Building Addition/Alteration	Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters,	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	Residence (i.e. cabin, hunting shack, etc.	Principal Structure (first structure on property)	Proposed	is relevant to it) Length: Length:			Foundation Foundation	Basement	2-Story	1-Story + Loft	1-Story Seasonal	# of Stories and/or basement Use		Lake, Pond or	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodblain?  If yescontinue — ▶	N, Range 4 W Tov	Lot(s) CSM	PIN: (23 digits)		Contractor Phone:	City/State/Zip	GLIGO W. TWON	JSE SANITARY D PRIVY	tment. SEEN ISSUED TO APPLICANT.
TRUCTION WITHOUT A PERMIT W	A A MIN OF THE PARTY OF THE PAR	Mary / Decrease land	tree le la contrata hors	(specify)		- Address - Addr	The state of the s	or $\square$		, promote a second seco					roperty)	Proposed Structure	8 7		138	Notice □		3	<b>a</b>	onal 1	se of bedrooms		<b>4</b>		Hughes	Lot(s) No.	2-67-09-23-6 00-20	Agent Mailing Address		20	ON IK. CA. THOU IN	VY CONDITIONAL USE	LICANT. HOW DO FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)
ILL RESULT IN PENALTIES	mm (assertion)	1,100,000					- Line -	cooking & food prep facilities)		- Comment					, (	Dim	Width: 2 4-			Compost Toilet	Privy (Pit) or	xists		Municipal/City	What Type of Sewer/Sanitary Syste Is on the property?			-	Lot Size	(s) No.	President Notation No				WELL IN SERVI	E K SPECIAL USE	PPLICATION (visit our website w
	×	1	X 1 000 110	X )	×	×	×	×	×	×	×	X	X )	×××	×	Dimensions Square Footage	Height:	E Control of the cont		act)	Vaulted (min 200 gallon)	Type:	The state of the s	☐ City	pe of ry System Water operty?			Is Property in Are Wetlands Floodplain Zone? Present?	Acreage 26 H	py that up sodawa	cument: (i.e. Property Owners  Page(s)	Written Authorization Attached  yes No	Plumber Phone:	715-291-870	Cell phone.	B.O.A. OTHER	ww.bayfieldcounty.org/zoning

must sign or letter(s) of authorization must accompany this application)

Owner(s): Mallton 9. He (If there are Multiple Owners listed on the Deed All Owners r and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) be refect upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which profiton. I (we) consent to county officials charged with administering county ordinances to have access to the Date JONE 19,3012

Authorized Agent:

Roc'd for Issuance 180

Secretarial State

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2012

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

CAKE

LAKE

ipos

EARSE SIDE

Attach
Copy of Tax Statement
From recently purchased the property send your Recorded Deed
SHEY)

<b>2</b>	Date of Approval:	Hold For Fees:	Hold For Affidavit:	Hold For TBA:	ector;	Signature of Insoc Hold For Sanitary:
					July (, 2013 )	T SS
* Charres	ARTON TO	和 理 さ Claystmanum ed of per actions	Yes No Hit No they no	Conditions Attached?		Condition(s
750	Date of Re-Ichestion-		cted by: DC—		Date of Inspection: 6 (3.12 %)	Date of Ins
Î	Zoning District Lakes Classification	for Almad	AND AROUND	るとなって	Mayor Partie (Austo C)	Inspection
No		Were Property Lines represented by Owner Was Property Surveyed	145 per	<u> </u>	Was Proposed Building Site Delineated	Was Prop
20	10	Previously Granted by Variance (b.C.A.)  ☐ Yes 【No Car  Car  Wiss Brooms Lines Bonnes arted by Owner  Wiss Brooms Lines Bonnes arted by Owner	Previously		Granted by Variance (B.O.A.) ☐ Yes YLNo ☐ Case #:	Granted by
□ Yes (No	Affidavit Attached	Yes	N XX	□ Yes (Deed of Record) □ Yes (Fused/Contiguous Lot(s)) □ Yes	ing ship of	Is Parcel in Is Struc
			Permit Date: 8 - 16 - 10		- 1	Permit #: /
		# Cr bedrooms	Reason for Denial:		Issuance Information (County Use Only) Permit Denied (Date):	Issuance Informa Permit Denied (Date):
	iform Dwelling Code.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	Use Permits Expire One (1) Year from the Date of Issuance if Construction or Us New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Iocal Town, Village, City, State or Federal agencies may also require permits.	Il Land Use Permits Expire on Of New One & Two Fan The local Town, Vill	NOTICE: / For The Constructi	
Well (W).	ank (HT), Privy (P), and	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	ew Construction, Septic Tank	oposed Location(s) of N	(9)	marked by a licer
nust be visible from	e setback must be the proposed site	nor to the placement or construction or a structure within tell (Jul Jeec of uter liminium required sections), we work the minimum required corner or marked by a licensed surveyor at the owner's expense.  The placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of	an thirty (30) feet from the minimum req	within ten (Jud) reet, or the manned surveyor at the owner's expended than ten (10) feet but less the owner surveyed corner, or verifiable by	Prior to the placement or construction of a structure within the I, Juy lees, or the initial man we other previously surveyed corner or marked by a licensed surveyor at the owner's expense, other previously surveyed corner or construction of a structure more than ten (10) feet but less than the previously surveyed corner, or verifiable by the	Prior to the place other previously one previously s
neviously surveyed corner to the	he visible from one	lise from which the cethack must be measured must	Feet Feet	ng) > (so	<b>Drain Field Privy</b> (Portable, Composti	Setback to <b>Drain Field</b> Setback to <b>Privy</b> (Porta
Feet	×(00	to Well	Feet	Tank	ling	Setback to
Feet Feet	7 1/4	Setback from 20% Slope Area Elevation of Floodplain			Setback from the West Lot Line Setback from the East Lot Line	Setback fro
Feet	4/4	rom <b>Wetland</b>	Feet Setback		m the North Lot Line	Setback fro
Feet	iter mark) 256	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Feet	of Road > 300 S	m the Centerline of Platted Road m the Established Right-of-Way	Setback from the Setback from the
Measurement		Description	Measurement	Mea	Description	
,& Zoning Dept.	pproved by the Planning & Zoning Dept.	Changes in plans must be ap		Setbacks: (measured to the closest point)	(8) Setbacks: (measu	Flease C
\ <sub>pres</sub>	مديلتي	Trail Dr.	تهمش	1 Deck	= = = = = = = = = = = = = = = = = = = =	Qu' A
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	1/or (*)	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (w); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%		<ul> <li>(3) Show Location of (*):</li> <li>(4) Show:</li> <li>(5) Show:</li> <li>(6) Show any (*):</li> <li>(7) Show any (*):</li> </ul>	
			tion lan	Proposed Construction North (N) on Plot Plan	(1) Show Location of: (2) Show / Indicate:	2

SUBMIT: \(\text{MPLETED}\) APPLICATION, TAX STATEMES, AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

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Bayfield Co. Zoning Dept

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•	7/31/12	\$. 17.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00	12030	10 125

Was a second						Municipal Use			☐ Commercial Use				V vesidetitigi Ose				Proposed Use		Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)				10,000	\$		Hatalial	Value at Time of Completion * include donated time & material	Non-snoreland	2				Section 2	7 Sw 1/4,	7 b	PROJECT	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	G	Address of Property:	TOP S	TYPE OF PERMIT REQUESTED—>	1
					1				Use	:			136	<del>3</del> 		<b>X</b>	Till a		action:	: (If permit b			Run a Bu	Relocate (existing hide)	Addition	New Construction		Pro (What are you			□ Is Prope	Creek or L	-iwa-a	Towns	ĴW 1/4	Legal Description:		(Person Signing A	poor	707	*:		REQUESTED-	**************************************
Other: (explain)	Conditiona	Special Us		Accessory	Accessory Building	Addition/Alteration	Mobile Ho	Bunkhous							Residence	Principal 9				eing applied fo	- Company		Run a Business on	(existing hide)	Addition/Alteration	struction		<b>Project</b> (What are you applying for)			rty/Land withi	rty/Land withi andward side	П	, Township	Gov*Lot	<del></del>	and Address of	pplication on beha		7	)	ON AND A	→ S LAND USE	1
olain)	Conditional Use: (explain)	Special Use: (explain)	TANKS was	Accessory Building Addition/Alteration (specify)	Building (specify)	Alteration (specify)	Wobile Home (manufactured date)	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters,	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2") Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.	Principal Structure (first structure on property)				r is relevant to it)	The state of the s	☐ Foundation	□ No Basement	Basement	- 1	Ις.	- 100	# of Stories and/or basement			☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes		N, Range	t Lot Lot(s)	tateme		ilf of Owner(s))	,.	大心	*	3 5	×	- Lucius
The state of the s	- Post Maria	- Annual Control of the Control of t		n/Alteration (sp	ify)	ify)	d date)	or 🗆 sleeping qua	Garage		***************************************	3			ing shack, etc.)	tructure on prop	Proposed Structure		Length:	Length:			7	N GACASL	<b>d</b> □			ent Use		ir yescontinue	e, Pond or Flowage	, Stream (ind. Intermittent) If yes—continue—	1,000	W Town of:	CSM Vol 8	27.70	PIN: (23 digits)	Agent Phone:	Contractor Phone:	In Arria	D.	Mailing Address:	SANITARY - PRIVY	
, , , , , , , , , , , , , , , , , , ,		THE SECOND SECON		ecify)	THE SAME.	White the state of	Annual Company of the	arters, <u>or</u> 🗆 cooking		- Language			4	- Annition of the second of th		erty) Garage	ructure				***************************************		None	3	] [			# bedrooms				ttent)	MUSLACE	of:	ge	3525		Agent Maili	Plumber:		42	DE AM	N ☐ CONDITIONAL USE	
The state of the s				The state of the s			P	ng & food prep facilities)		i i Africano.			And the second s		,	192			Width:	Width:	1		<u>"</u>   [:	- 1				Se		and the second s	Distance Structure is from Shoreline:	Distance Structure is from Shoreline:			Lot(s) No. Block(s) No.	5 0 300016000	-	Agent Mailing Address (include City/State/Zip):			4 4	City/State/Zip:		
1			<del></del>	_		(		es) (	•	_						1 2	ם					oilet	or XVa	Exists) Spec	itary Spec	/City		What Type of Sewer/Sanitary Syste Is on the property?		feet	oreline :	oreline :		Lot Size	Subdivision:		Recorder	y/State/Zip):				J	SPECIAL USE	
×	×	×	:	×	×	×	×	×	×	×	×	×	×	×	×	2 E x h	imensions		Height:	Height:		ווושנון	or XVaulted (min 200 gallon)	cify Type:	Specify Type:		000	pe of Iny System		No	<b>\</b>	Is Property in	****		on:	108	Document		-	!	<i>2</i>		□ B.O.A.	
-	<u> </u>	_		)	_	_	_	-	_	)	_	_	_	}	_	_		200000000000000000000000000000000000000	ht:	int:		- Approximately and the second	200 gallon,							ō	Yes	arty in		Acreage		Page(s	Attached  Yes  From	Written Au	Plumber Phone:	715-2	Cell Phone:	Telephone:		
	PACILL								novi i						*	8.9.F	Square Footage	2002						<u> </u>  - 	_ □ Well	□ City		Water		No No	□ Yes	Are Wetlands	C	7	\$ 110 pt	Volume 1037 Page(s) 397	□ No	Written Authorization	hone:	115-292-0002	;; (	e. 62. 64.03	□ OTHER	

Owner(s): (If there are Multiple C I (we) declare that this applica am (are) responsible for the may be a result of Bayfield Co above described properties above described properties at a constant of the consta FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES capion (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) to the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield county in determining whether to issue a permit. I (we) further accept liability which from the purpose of inspection.

The state of the purpose of inspection. on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 07/5//12

Authorized Agent:

Address to send permit 115 SANBURN RVE ASHCAND, WI. 54806

Date

A COMPANY

Address to send permit 115

DESCRIPTION FOREST

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE ABOVE PAVCIECT NAME.

PARCEL IS HE BUILDING ON PAPPUACANTS NAME.

## IW (Vinno)

